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Atty Docket No. 021803-000400US

PTO FAX NO.: (571) 273-8300

OFFICIAL COMMUNICATION

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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of HAKAN ONER et al., Application No. 10/737,416, filed December 15, 2003 for TRANSMITTER FOR LOW VOLTAGE DIFFERENTIAL SIGNALING are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1)   Transmittal Form (1 p);
2)   Fee Transmittal for FY 2005 (1 p in duplicate);
3)   Petition For Extension of Time (1 p in duplicate);
4)   Amendment (12 pp); and
5)   Information Disclosure Statement (3 pp) w/o reference).

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Number of pages being transmitted, including this page: 21

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Dated: 10/27/05   _Diane Hawley_
                     Diane Hawley

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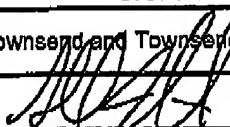Telephone: (650) 326-2400
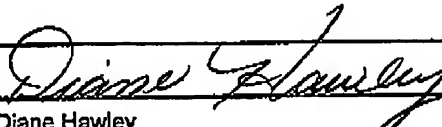Fax: (650) 326-2422
0399

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PTO/SB/21 (09-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission _____

Application Number	10/737,416
Filing Date	December 15, 2003
First Named Inventor	Oner, Hakan
Art Unit	2819
Examiner Name	CHO, JAMES HYONCHOL
Attorney Docket Number	021803-000400US

ENCLOSURES   *(Check all that apply)*

☒ Fee Transmittal Form
  ☐ Fee Attached
☒ Amendment/Reply
  ☐ After Final
  ☐ Affidavits/declaration(s)
☒ Extension of Time Request
☐ Express Abandonment Request
☒ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)
☐ Reply to Missing Parts/ Incomplete Application
  ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

☐ Drawing(s)
☐ Licensing-related Papers
☐ Petition
☐ Petition to Convert to a Provisional Application
☐ Power of Attorney, Revocation Change of Correspondence Address
☐ Terminal Disclaimer
☐ Request for Refund
☐ CD, Number of CD(s) _____
  ☐ Landscape Table on CD

☐ After Allowance Communication to TC
☐ Appeal Communication to Board of Appeals and Interferences
☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information
☐ Status Letter
☐ Other Enclosure(s) (please identify below):

Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP
Signature	*[signature]*
Printed name	Ardeshir Tabibi
Date	10-27-05	Reg. No.	48,750

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on 10-27 ____, 2005

Signature	*Diane Hawley [signature]*		
Typed or printed name	Diane Hawley	Date	10/27/05

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OCT 27 2005

PTO/SB/17 (12-04)

	Complete if Known
Effective on 12/08/2004. *Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*	
FEE TRANSMITTAL	Application Number: 10/737,416
For FY 2005	Filing Date: December 15, 2003
	First Named Inventor: Oner, Hakan
	Examiner Name: CHO, JAMES HYONCHOL
☒ Applicant claims small entity status. See 37 CFR 1.27	Art Unit: 2819
TOTAL AMOUNT OF PAYMENT ($) 180	Attorney Docket No.: 021803-000400US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account   Deposit Account Number: 20-1430   Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description		Small Entity
	Fee ($)	Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims	
				Fee ($)	Fee Paid ($)
_____ -20 or HP = _____	X _____	= _____		_____	_____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ -3 or HP = _____	X _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 =	_____ / 50 =	_____ (round up to a whole number) x	_____	= _____

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	_____
Other: Submission of Information Disclosure Stmt	180

SUBMITTED BY			
Signature	*[signature]*	Registration No. (Attorney/Agent): 48,750	Telephone: 650-326-2400
Name (Print/Type): Ardeshir Tabibi			Date: 10/27/05

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